

INSTR. 17
SCHOOL YEAR 96-97
NAME OF ARD
ID NUM 11-2-96

ADAPts
Prints for emphasis
High of materials
Manipulatives
Prints
Print materials
High materials
Color transparencies

Other: MARRIAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓
Frequent reminders of rules	✓	✓	✓	✓	✓	✓
Positive reinforcement	✓	✓	✓	✓	✓	✓
Frequent eye contact/proximity control						
Frequent breaks	✓	✓	✓	✓	✓	✓
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓
In-class timeout						
Opportunity to help teacher						
Seat near the teacher						
Supervision during transition activities						
Implementation of behavior contract						

Other: _____

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment
Augmentative communication device
Calculators
Interpreter
Note taker/note taking paper
Word processors
Other:
Other:

Criterion referenced assessment (TAA&/ITBS):

 will take social studies

individual administration

Other

Small group
administrative

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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SRC 9665114

SRC 9665114 0
SCHOOL - 053 WYNN SEALEREPORT CARD OF RAMIREZ
EFF CHANGE DATE - -

A

C F CRS SC DESCRIP

JOHN
LEP: DIS:H GR 06 SEX M RACE H DOB 06/29/8
RIC: 0 SIC: STATUS: ACTIVE6 6 6 SEM SEM
WK GR C A WK GR C A WK GR C A EXM AVG A

1	M06	05	MATH 6	POELMA	0115	1:			2:			3:					
2	S02	05	GEN SCI 6	POELMA	0115	1:			2:			3:					
3	001	01	BND BG678	KOCH	0402	1:			2:			3:					
4	A08	03	ART 6	SCHAUDIES	0224	1:			2:			3:					
5	E06	06	ENG 6	TAMEZ	0116	1:			2:			3:					
6	D06	06	READ 6	TAMEZ	0116	1:			2:			3:					
7	T09	05	SS 6	TAMEZ	0116	1:			2:			3:					
8	P09	03	PE/HLTH 6	PRINCE	0404	1:			2:			3:					
						:			:			:					
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						:			:			:					

Home: ~~882-1138~~ 854-1481

Work: 853-8891 Guadalupe Alijandros

1/23/96

Dr. Bill not pd yet!

Celia Eanes / will call dr. why she
is getting bill Jsc

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INSTRUCTIONAL MODIFICATIONS/SUPPORT DETERMINED BY ARD COMMITTEE. continued

NAME OF STUDENT Barnivoz, JohnID NUMBER 9605114SCHOOL YEAR 96-97

ID NUMBER

ARD
10-2-96

Language
Math
Science
History
English
Art

ADAPT MATERIALS BY PROVIDING:

Peer to read materials									
Highlighted materials for emphasis									
Altered format of materials									
Study aids/manipulatives									
ESL materials									
Large print materials									
Braille materials									
Color transparencies									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓			
Frequent reminders of rules	✓	✓	✓	✓	✓	✓			
Positive reinforcement	✓	✓	✓	✓	✓	✓			
Frequent eye contact/proximity control	✓	✓	✓	✓	✓	✓			
Frequent breaks	✓	✓	✓	✓	✓	✓			
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓			
In-class timeout									
Opportunity to help teacher									
Seat near the teacher									
Supervision during transition activities									
Implementation of behavior contract									
Other:									

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment									
Augmentative communication device									
Calculators									
Interpreter									
Note taker/note taking paper									
Word processors									
Other:									
Other:									

Criterion referenced assessment (TAAS/TBSI):

☒ will take mathematics
☐ will take writing
☒ will take reading
☐ not offered for this student's grade placement

☐ exempt in all areas
☐ will take science

☐ will take social studies

Modifications as defined in test administration materials:

☐ allow oral response
☐ use interpreter
☐ use braille or large print
☐ individual administration

Other: Small group administration

Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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SRC 9665114

SRC 9665114 0
SCHOOL - 053 WYNN SEALE

REPORT CARD OF RAMIREZ

JOHN

H GR 06 SEX M RACE H DOB 06/29/8

EFF CHANGE DATE - -

LEP:

DIS:

RIC: 0

SIC:

STATUS: ACTIVE

A

C	P	CRS	SC	DESCRIP	TEACHER	ROOM	WK	GR	C	A	WK	GR	C	A	WK	GR	C	A	WK	GR	C	A	SEM	SEM	EXM	AVG	A
---	---	-----	----	---------	---------	------	----	----	---	---	----	----	---	---	----	----	---	---	----	----	---	---	-----	-----	-----	-----	---

1		M06	05	MATH 6	POELMA	0115	1:				2:				3:												
2		S02	05	GEN SCI 6	POELMA	0115	1:				2:				3:												
3		001	01	BND BG678	KOCH	0402	1:				2:				3:												
4		A08	03	AR 6	SCHAUDIES	0224	1:				2:				3:												
5		E06	06	ENG 6	TAMEZ	0116	1:				2:				3:												
6		D06	06	READ 6	TAMEZ	0116	1:				2:				3:												
7		T09	05	SS 6	TAMEZ	0116	1:				2:				3:												
8		P09	03	PE/HLTH 6	PRINCE	0404	1:				2:				3:												
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Home: 882-1138 854-1481

Work: 853-8891 Guadalupe Alejandra

1/23/96 Dr. Bill not pd yet!

Calla Eares / will call dr. why she
is getting bill Jsc

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CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasRECEIPT FOR EXPLANATION OF PROCEDURAL SAFEGUARDS
as Required by Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations-Part 300

Bamirez	John	H	06/29/84
STUDENT: LAST NAME	FIRST	MI	DATE OF BIRTH

Complete this section at the time of referral.

This is to verify that I have received a copy of the *Explanation of Procedural Safeguards* which informs me of my rights throughout the child/student-centered education process. The procedural safeguards have been explained to me by:

M. Diane Trevino
Name of District Employee

Dean of Special Ed.
Position

3-12-96
Date

I understand that my rights include the right:

- To receive this and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in braille as appropriate.
- To answers from school personnel to additional questions I may have.

My signature below indicates that I received a copy of the *Explanation of Procedural Safeguards* on the date specified and that I understand its contents.

Guadalupe Alvarado
(Signature of Parent/Guardian/Surrogate Parent/Adult Student)

3-12-96
(Date Signed)

M. Diane Trevino
(Signature of School Staff Providing Explanation)

3-12-96
(Date Signed)

(Signature of School Staff Providing Explanation)

(Signature of Interpreter (if used))

All procedures and
information in this document
are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

☐ Admission
☒ Review
☐ Dismissal

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

2-26-96
ARD NOTIFICATION DATE

3-12-96
DATE OF MEETING

Please Print

<u>Ramirez</u>	<u>John</u>	<u>H</u>	<u>9665114</u>	<u>(M)</u>	<u>X</u>
STUDENT LAST NAME	FIRST	MI	ID NUMBER		
<u>06/29/84</u>	<u>Wynn State AFA Middle School</u>	<u>6/CM</u>	<u>053</u>		
DATE OF BIRTH	SCHOOL	GRADE/PROG	SCHOOL		

☐ yes ☒ no An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication _____

A. REVIEW OF ASSESSMENT DATA (check (✓) if applicable)

- ☒ Comprehensive individual assessment 1-9-95 DATE(S) OF REPORT(S) _____
- ☐ Assessment(s) for related services. Specify: _____
- ☐ Assistive technology addressed in _____ assessment report(s) dated _____. Recommended: ☐ yes ☐ no (ARD 3)
- ☐ Vocational assessment report date _____
- ☐ Other Assessment _____
- ☐ Information from the student's Individual Transition Plan dated: _____
- ☐ Information from the Language Proficiency Assessment Committee _____
- ☐ Records from other school districts _____
- ☒ Information from parents/student Parent feels John is doing better
- ☒ Information from school personnel Reviewed IEP / report cards
- ☐ Information/records from other agencies or professionals _____
- ☐ yes ☒ no Additional assessment is needed. Timeline for completion _____

B. DETERMINATION OF ELIGIBILITY (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment | <input type="checkbox"/> emotionally disturbed |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> autism | <input checked="" type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> visual impairment | <input type="checkbox"/> auditory impairment | <input type="checkbox"/> deaf-blind |

C. DISABILITY/DISABILITIES

Assigned by ARD Committee _____

(A disability should be noted here only if special education services are to be provided. See ARD-2)

White - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

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D. DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education

ADHD was diagnosed this year

Medication/Health Care

Ritalin 10 (2 X daily) am & pm

☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or discipline

improvement seen with medication; without medication John is disruptive, talkative, out-of-seat, needs refocusing

☒ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational¹ skills which may be prerequisite to vocational education (when appropriate)

not age appropriate

Academic/Developmental (grade or age levels alone are not acceptable)

Math: Can do +, -, x & ÷ of all whole #s and decimals English: Can write single paragraph with correct grammar & punctuation Reading: Can read a selection with understanding the main idea and sequence

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

all Regular Education classes (modified)

Services for which the student is eligible were reviewed and discussed¹

- ☐ Compensatory education
☐ Bilingual education
☐ ESL instruction

- ☒ Tutorials/academic remediation
☐ Transition services²
☐ Vocational education

- ☒ General Education
☐ other: _____
☐ other: _____

The ARD Committee agrees that the student

☒ Needs and will receive special education services☐ Does not need and will not receive special education services for the following reasons:¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp _____ Voc _____ DT _____ PT _____ VS _____ MT _____ OM _____ HS _____ Other _____

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E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE

Name: Ramirez, John

NAME OF STUDENT

ID NUMBER 9665114SCHOOL YEAR 96-97

A student's IEP must be reviewed if this student has not received passing grades in the same content area for two consecutive six-week reporting periods. (Students with speech impairments only may be excluded from this requirement except when the failure is in language arts instruction.)

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS¹
☐ Bilingual NO
☐ ESL ESL

BEHAVIOR MANAGEMENT PLAN

☐ YES
☒ NO

REGULAR DISCIPLINE PLAN

☒ YES
☐ NO

ASSISTIVE TECHNOLOGY

☐ YES
☒ NO

☐ NO MODIFICATIONS NEEDED

☐ Exempt from Essential Elements - grades based upon IEP progress

ALTER ASSIGNMENTS BY PROVIDING:

	Language Arts	Math	Science	History	Fine Arts	PE/Enrichment
Reduced assignments						
Taped assignments						
Extra time for completing assignments	✓	✓	✓	✓	✓	✓
Opportunity to respond orally						
Task analysis of assignments						
Special projects in lieu of assignments						
Other:						

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)						
Opportunity to repeat and explain instructions						
Encouragement to verbalize steps needed to complete assignment/task						
Opportunity to write instructions						
Assignment notebooks						
Visual aids (pictures, flash cards, etc.)						
Auditory aids (cues, tapes, etc.)						
Instructional aids						
Extra time for oral response						
Exams of reduced length	✓	✓	✓	✓	✓	✓
Oral exams						
Open book exams						
Study carrel for independent work						
Frequent feedback	✓	✓	✓	✓	✓	✓
Alter grade distribution						
Minimal auditory distractions						
Leave class for CMC assistance	✓	✓	✓	✓		
Peer tutoring/paired working arrangement						
Opportunity for student to dictate themes, information, answers on tape or to others						
Other:						
<input checked="" type="checkbox"/> Use repeated drill/review <input type="checkbox"/> Use sign language <input checked="" type="checkbox"/> Use various modalities <input type="checkbox"/> Adjustments for misarticulations in responses						

¹Special language programs are required for all students who are limited English proficient.

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E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

NAME OF STUDENT Ramirez JohnID NUMBER 9605114SCHOOL YEAR 96-97

ID NUMBER

GOAL & OBJECTIVE/SUBJECT

Handwritten:
 Language Arts
 Math
 Science
 History
 English
 PE/Arts

ADAPT MATERIALS BY PROVIDING:

Peer to read materials									
Highlighted materials for emphasis									
Altered format of materials									
Study aids/manipulatives									
ESL materials									
Large print materials									
Braille materials									
Color transparencies									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓			
Frequent reminders of rules	✓	✓	✓	✓	✓	✓			
Positive reinforcement	✓	✓	✓	✓	✓	✓			
Frequent eye contact/proximity control	✓	✓	✓	✓	✓	✓			
Frequent breaks									
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓			
In-class timeout	✓	✓	✓	✓	✓	✓			
Opportunity to help teacher									
Seat near the teacher									
Supervision during transition activities									
Implementation of behavior contract									
Other:									

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment									
Augmentative communication device									
Calculators									
Interpreter									
Note taker/note taking paper									
Word processors									
Other:									
Other:									

Criterion referenced assessment (TAAS/TBS):

☒ will take mathematics ☒ will take reading ☐ exempt in all areas ☐ will take social studies
☐ will take writing ☐ not offered for this student's grade placement ☐ will take science

Modifications as defined in test administration materials:

☐ allow oral response ☐ use interpreter ☐ use braille or large print ☐ individual administration Other: Small group administration

Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

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F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all to that apply:

- | | |
|---|---|
| 1. <u>P</u> General education classroom | 8. ___ Pre-K program |
| 2. <u>P</u> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | 9. ___ Alternative education program |
| 3. ___ Special education supplementary aids and services | 10. ___ Assistive technology (e.g., communication devices, slant top table) |
| 4. ___ Title 1 Part A/Accelerated Instruction | 11. <u>P</u> Resource classroom |
| 5. ___ Tutorials/academic remediation | 12. ___ Self-contained classroom |
| 6. ___ English as a Second Language (ESL) | 13. ___ Separate special education campus |
| 7. ___ Bilingual classes | 14. ___ Nonpublic day school placement |
| | 15. ___ Residential placement |
| | 16. <u>P</u> Content Mastery |
| | 17. ___ Other: _____ |

Item	Results of Efforts	If efforts not successful, provide reason(s)
1	Works Great	
2	Successful with medication	
3	Successfully mainstreamed	
16	Not mainstreamed	

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☒ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☐ The student needs the following support services to benefit from the general education program: _____
- ☐ Other: _____

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(2) Removal from General Education Campus (to a Separate Campus) *N/A*

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus. _____

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | <input type="checkbox"/> Other: _____ |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is placed in the general education classroom or campus.

HARMFUL EFFECTS
ON STUDENT WITH DISABILITY

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES

- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distraction
- ☐ Increased student frustration
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

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Surname		John		H		06/29/84	
STUDENT LAST NAME		FIRST		MI		DATE OF BIRTH	

H. SCHEDULE OF SERVICES																	
Duration of service is 8-14-96 to 5-22-97 for grade 7																	
COURSE/CURRICULUM AREA	Funct. Grade Level	SEMESTER				SEMESTER											
		GEN ED		Special Ed Time	Progr./Grade Determined By		GEN ED		Special Ed Time	Progr./Grade Determined By							
		Mod	Yes		No	Time	Gen Ed	Sp Ed		Mod	Yes	No	Time	Gen Ed	Sp Ed		
Language Arts	6A	✓		90	✓												
Math	6.1	✓		90	✓												
Science/History		✓		45	✓												
PE/Enrichment		✓		45	✓												
Fine Arts		✓		90	✓												
Vocational Education																	
REG																	
CVAE																	
VEN																	
VAC																	
TOTAL MINUTES PER DAY				30 min.													

If times vary from requirements in 19 TAC §21.101, give justification: Modified Block Schedule

Monitoring/Coordination
 Monitoring of progress in general education: daily weekly 3 wks 6 wks Other _____
 Coordination of General/Special Education Instruction: _____
 Person(s) responsible: Para Special Ed Teacher Counselor Other Reg. Ed. Teacher
 Method(s): Report Cards Progress Reports Conferences Other _____
 Schedule for evaluating progress for participation in extracurricular activities: 3 weeks 6 weeks

RELATED/OTHER SERVICES	TIME	D*	C*	M*
Auditory Hkdp Services	/			
Counseling	/			
Health Services	/			
Music Therapy	/			
Occupational Therapy	/			
Orientation & Mobility	/			
Physical Therapy	/			
Speech Services	/			
Vision Services	/			

Criterion referenced assessment (TAAS/ITBS):
 ✓ will take mathematics ✓ will take reading
 ✓ will take writing ✓ not offered for this
 ✓ will take social studies student's grade placement
 ✓ will take science exempt in all areas
 Modifications as defined in test administration materials:
 - Allow oral response - use braille or large print
 - use interpreter - individual administration
 Other: small group admin.

() ☒ Special Transportation
 Yes No
 If yes, cite justification: not eligible

() ☒ Parents of students with visual or auditory
 Yes No impairments or deaf/blindness have been given
 information about the Texas School for the Blind
 and Visually impaired or Texas School for the Deaf
 at the time of initial placement.
 N/A

Comments: Science/History were taught every other 3 wks. PE/Enrichment taught every other day

Date By: D. Sherris

ID# 9665114	Inst. Arr. Code 03	Prog. Type CH /	Dism. Code	Date
ARD Date 3-12-96 Type 12	Home Sch # 046	Placement Sch # 046	Disability Code(s) DHR	

*D-Direct C-Consult M-Monitor

6/95
ARD-7

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I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Cunningham

NAME OF SCHOOL CAMPUS

Check appropriate instructional arrangement¹

(PEIMS CODE)

<input type="checkbox"/> Speech Therapy (11)	<input type="checkbox"/> S/C, Mild/Moderate, Reg. Campus (04)
<input type="checkbox"/> Homebound (01)	<input type="checkbox"/> S/C, Severe Reg. Campus (05)
<input type="checkbox"/> Hospital Class (02)	<input type="checkbox"/> Off Home Campus (20)
<input type="checkbox"/> Resource Room (03)	<input type="checkbox"/> VAC (08)
<input type="checkbox"/> State School For	<input type="checkbox"/> Residential Care &
<input type="checkbox"/> The Mentally	<input type="checkbox"/> Treatment Facility (35)
<input type="checkbox"/> Retarded (30)	<input type="checkbox"/> Mainstream (40)

☒ yes ☐ no This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no This is the campus which is as close as possible to the student's home. If NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

☒ review of parent/student information
☐ review of sociological assessment

2. ☒ for national origin minority group student or linguistically different student, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☐ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and
☐ On-Site Visit Report
☐ Graduation

☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

☒ Autistic
☐ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

¹Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

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Page 1 of 1

ARD MINUTES

Student's Name: John Ramirez D.O.B. 06/24/81 Date: 3-12-96 Recorder: D. MurrieARD Committee Members: See Signature Page

PYN meets criteria as Other Health Impaired due to Attention Deficit Hyperact or Disorder.

Behavioral: Without medication, he is very hyperactive + finds it difficult to stay focused. He does better with medication.

His learning condition affects all areas of school.

Physical: Ms. Alejandro is waiting on Medicaid vouchers for medication.

Recommendations: Maybe work on a ~~contract~~ with 96-97 teachers behavior contract

Modifications: need to ignore his behavior. To learn to manage his behavior. Monitor closely.

I. E. P.: Content Mastery I. E. P. was developed

Assessment: 1-9-95

Assistive Tech: none

TAAS: Take all areas in a small group

Placement: Cunningham 4th Gr. for 96-97 yr.

Parent Concern: Ms. Alejandro would like to take proper steps to keep John here at Wynn School for the rest of the school year because she has moved into Cunningham district. She will talk to principal about staying for the rest of this school year. She is also worried that he just took his last medication pill, today.

All this was in version of the I. E. P. developed for John Ramirez.

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K. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>[Signature]</i>		Parent(s)/Adult Student	<input checked="" type="checkbox"/>	
<i>[Signature]</i>		Administration	<input checked="" type="checkbox"/>	
<i>M. Duane</i>	<input checked="" type="checkbox"/>	Instruction	<input checked="" type="checkbox"/>	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____³

Date

Place and Time

Information explaining why mutual agreement has not been reached should be noted in the ARD minutes may be attached by the ARD meeting participants.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Mrs. [Signature]

by [Signature] on 3-12-14. If you have questions regarding these safeguards, please feel free to call 994-3500.

¹Assessment personnel are required when assessment issues are included in the ARD Committee's deliberations.

²LPAC representative is required at ARD of any student who is limited English proficient.

³Include documentation concerning the reconvened ARD committee meeting.

*Address time changes in speech and related services here.

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Student: WYNN SEALEID# 766244

The ARD committee has determined that the student's placement will be:

School WYNN SEALEInstructional Arrangement Learning 03
(PM only)

☒ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

	Take	Exempt	Modifications:
<input type="checkbox"/> Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use an interpreter
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> allow oral response
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> administer individually
<input checked="" type="checkbox"/> All areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use Braille or larger print

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education	Parent/Guardian/Surrogate		<u>Wynn Seale</u>		
Special education	Parent/Adult Student				
Related/Other Services:	Administration		<u>Cherokee Seale</u>	<input checked="" type="checkbox"/>	
Speech	Instruction		<u>Wynn Seale</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)				
PT	Consultant/Chairperson				
Counselor	Assessment ▲	<input checked="" type="checkbox"/>	<u>Jade La Cruz</u> 0019	<input checked="" type="checkbox"/>	
Health	Counselor				
Auditory	Related Services Rep.				
Vision	Vocational Teacher ◆				
Music Th.	Certified VH/AH Specialist ✦				
O&M	LPAC ★				
Special Education Transportation:					

✦ Total time for speech and all related services ▲ When assessment data are considered ◆ When vocational programs are considered
 ✦ When student is identified as VH/AH ★ For limited English proficient students

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____

at _____

Place and Time

Date

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to _____

by Jade La Cruz

on _____

If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY _____

UPDATED DATA

SE.002.07.03

New School Placement	Previous IA Code	New IA Code	New Program Type
----------------------	------------------	-------------	------------------

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Page _____ of _____

ARD MINUTES

Student's Name: John Ramsey Date: 1-19-96Date of Birth: 06-29-84 Recorder: M. Guerrero

ARD Committee Members:

See Signature Page

Parent not present but M. Guerrero spoke on the phone with her and she gave permission to have meeting without her. Results will be mailed to parent.

Purpose: To discuss handicapping condition

John received a doctor's physical exam. He was found to be other health impaired (OHI).

Parent indicated over the phone that John is presently under medication (prescribed by Dr. I, but did not name medication doctor).


John has been diagnosed with ADHD.

*Address time changes in speech and related services here.

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WYNN SEALE ACADEMY OF FINE ARTS
FLEXIBLE SCHEDULE

The educational instruction at Wynn Seale AFA is on flexible scheduling for the 1995-96 school year. Students attend 360 minutes of instruction daily. However, students may or may not meet daily for a particular subject. The individual subject instruction time is left to the discretion of the students' two teachers who teach language arts, mathematics, science, history, and reading. Sixth and seventh graders attend the physical education class every other day. On the days these students do not participate in physical education, they are actively involved in enrichment activities in their regular assigned classrooms. In addition, eighth graders are provided the opportunity to participate in the enrichment program. This enrichment program is a 45-minute period which is part of the daily instructional 360 minutes.



Richard Peltz, Principal
Wynn Seale Academy of Fine Arts

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Student: James, John

09665114

The ARD committee has determined that the student's placement will be:

School: WintersvilleInstructional Arrangement: 03 Content Mastery only

☐ This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

☐ This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: TAAS/TBS

<input type="checkbox"/> Mathematics	Take <input type="checkbox"/>	Exempt <input type="checkbox"/>	Modifications:
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use an interpreter
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> allow oral response
<input checked="" type="checkbox"/> All areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> administer individually
			<input type="checkbox"/> use Braille or larger print

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>360</u>	Parent/Guardian/Surrogate		<u>Parent not present gave permission</u>		
Special education	Administration		<u>Cynthia</u>	<input checked="" type="checkbox"/>	
Related/Other Services:	Instruction	<input checked="" type="checkbox"/>	<u>M. Diane</u>	<input checked="" type="checkbox"/>	
Speech	Instruction (SPEECH)				
OT	Consultant/Chairperson				
PT	Assessment ▲				
Counselor	Counselor				
Health	Related Services Rep.				
Auditory	Vocational Teacher ♦				
Vision	Certified VH/AH Specialist +				
Music Th.	LPAC ★				
O&M					
Special Education Transportation: <u>(M)</u>					

+ Total time for speech and all related services ▲ When assessment data are considered ♦ When vocational programs are considered
 + When student is identified as VH/AH ★ For limited English proficient students

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____

at _____ Place and Time _____ Date _____

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to

James, John by M. L. (M) 70167 on 11-28-75. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY: A. P. 0000

UPDATED DATA

02 002.07 05

New School Placement	Previous IA Code	New IA Code	New Program Type

Scanned Jun 18, 2013

Name of Child

John L. Amuiz

Grade

6

Date of Evaluation

10/6/95

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark (✓)

	Not at all	Just a little	Pretty much	Very much
1. Restless in the "squirmy" sense.				✓
2. Makes inappropriate noises when he shouldn't.				✓
3. Demands must be met immediately.				✓
4. Acts "smart" (impudent or sassy).			✓	
5. Temper outbursts and unpredictable behavior.			✓	
6. Overly sensitive to criticism.				✓
7. Distractibility or attention span a problem.				✓

8. Disturbs other children.			✓	
9. Daydreams.			✓	
10. Pouts and sulks.			✓	
11. Mood changes quickly and drastically.			✓	✓
12. Quarrelsome.			✓	
13. Submissive attitude toward authority.			✓	
14. Restless, always "up and on the go."		✓		✓

15. Excessive, impulsive.				
16. Excessive demands for teacher's attention.			✓	
17. Appears to be unaccepted by group.				✓
18. Appears to be easily led by other children.			✓	
19. No sense of fair play.	✓			
20. Appears to lack leadership.		✓		
21. Fails to finish things that he starts.			✓	✓

22. Childish and immature.				
23. Denies mistakes or blames others.				✓
24. Does not get along well with other children.			✓	
25. Uncooperative with classmates.		✓	✓	
26. Easily frustrated in efforts.		✓		
27. Uncooperative with teacher.				✓
28. Difficulty in learning.		✓	✓	

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Name of Child

John Ramirez

Grade

6

Date of Evaluation

10/5

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark (✓)

	Not at all	Just a little	Pretty much	Very much
1. Restless in the "squirmy" sense.				✓
2. Makes inappropriate noises when he shouldn't.				✓
3. Demands must be met immediately.			✓	✓
4. Acts "smart" (impudent or sassy).				✓
5. Temper outbursts and unpredictable behavior.				✓
6. Overly sensitive to criticism.			✓	✓
7. Distractibility or attention span a problem.			✓	✓

8. Disturbs other children.				✓
9. Daydreams.			✓	✓
10. Pouts and sulks.		✓		
11. Mood changes quickly and drastically.				✓
12. Quarrelsome.				✓
13. Submissive attitude toward authority.				✓
14. Restless, always "up and on the go."	✓			✓

15. Excessive, impulsive.

16. Excessive demands for teacher's attention.				✓
17. Appears to be unaccepted by group.			✓	✓
18. Appears to be easily led by other children.				✓
19. No sense of fair play.	✓			
20. Appears to lack leadership.				✓
21. Fails to finish things that he starts.			✓	✓

22. Childish and immature.			✓	
23. Denies mistakes or blames others.			✓	
24. Does not get along well with other children.				✓
25. Uncooperative with classmates.				✓
26. Easily frustrated in efforts.				✓
27. Uncooperative with teacher.			✓	✓
28. Difficulty in learning.			✓	

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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN CHILDREN U 177

Sent 11/2/95

TEACHER QUESTIONNAIRE

OFFICE USE
 Patient No.
 Study No.

Preliminary School Report

Name of Child John Ramirez Date 10/95

School Attended Wynn Scale Grade 6

School Address 1771 Ayers Corpus Christi TX 78401
Number and Street City State Zip

Name of Principal Mr. Dick Peltz

I. How long have you known this child? 12 wks. In your own words describe briefly this child's main problem.
extremely active, can't sit still always fighting, chewing fingers, hand objects, moving legs, jumping, running, moving but can't sit and do work. Has trouble with focusing

II. STANDARDIZED TEST RESULTS
 A. Intelligence Tests
If I work with him in a small group or 1 to 1 he work a little better. is very smart

Name of Test	Date	C.A.	M.A.	I.Q.

B. Most Recent Achievement Tests 5/94

Subject	Grade When Tested	Achievement Grade Level
Reading	<u>42</u>	<u>4</u>
Spelling		
Arithmetic	<u>76</u>	<u>4</u>

Exempt -ARD 5th

III. ACHIEVEMENT IN SCHOOL SUBJECTS
 A. List subjects in the appropriate category

Very Good	Average	Barely Passing	Failing

** Child says he was suppose to be on medication. He was diagnosed in Houston but was never given the medication. It hurts the children especially during passing periods.*

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100 DISRUPTIVE BEHAVIOR DISORDERS

TEACHER QUESTIONNAIRE (Continued)		OFFICE USE		
Preliminary School Report III. ACHIEVEMENT IN SCHOOL SUBJECTS <i>Continued</i> B. Check special placement or help this child has received () Ungraded () Sight-Saving () Special Class () Remedial Reading () <input checked="" type="checkbox"/> Speech Correction () Tutoring, specify subjects _____ () Other, specify _____		Patient No. _____		
		Study No. _____		
IV. Listed below are descriptive terms of behavior. Place a check mark in the column which best describes this child. ANSWER ALL ITEMS				
Observation	Degree of Activity			
	Not at all	Just a little	Pretty much	Very much
CLASSROOM BEHAVIOR				
1. Constantly fidgeting				<input checked="" type="checkbox"/>
2. Talks and makes other odd noises			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Demands must be met immediately—easily frustrated				<input checked="" type="checkbox"/>
4. Coordination poor		<input checked="" type="checkbox"/>		
5. Restless or overactive				<input checked="" type="checkbox"/>
6. Excitable, impulsive				<input checked="" type="checkbox"/>
7. Inattentive, easily distracted				<input checked="" type="checkbox"/>
8. Fails to finish things he starts—short attention span			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Overly sensitive	<input checked="" type="checkbox"/>			
10. Overly serious or sad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Daydreams		<input checked="" type="checkbox"/>		
12. Sullen or sulky				
13. Cries often and easily	<input checked="" type="checkbox"/>			
14. Disturbs other children				<input checked="" type="checkbox"/>
15. Quarrelsome				<input checked="" type="checkbox"/>
16. Mood changes quickly and drastically				<input checked="" type="checkbox"/>
17. Acts "smart"				<input checked="" type="checkbox"/>
18. Destructive				<input checked="" type="checkbox"/>
19. Steals	<input checked="" type="checkbox"/>			
20. Lies		<input checked="" type="checkbox"/>		
21. Temper outbursts, explosive and unpredictable behavior			<input checked="" type="checkbox"/>	

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ATTENTION-DEFICIT HYPERACTIVITY DISORDER IN CHILDREN □ 181

TEACHER QUESTIONNAIRE (Continued)

OFFICE USE

Patient No.

Study No.

Preliminary School Report

Observation	Degree of Activity				
	Not at all	Just a little	Pretty much	Very much	
GROUP PARTICIPATION					
22. Isolates himself from other children		✓			
23. Appears to be unaccepted by group					✓
24. Appears to be easily led	✓				✓
25. No sense of fair play					✓
26. Appears to lack leadership					✓
27. Does not get along with opposite sex					✓
28. Does not get along with same sex					✓
29. Teases other children or interferes with their activities					✓
ATTITUDE TOWARD AUTHORITY					
30. Submissive	✓				
31. Defiant					✓
32. Impudent					✓
33. Shy	✓				
34. Fearful	✓				
35. Excessive demands for teacher's attention					✓
36. Stubborn		✓			✓
37. Overly anxious to please		✓			✓
38. Uncooperative					✓
39. Attendance problem	✓				✓

V. FAMILY OF CHILD

A. Do other children in the family who attend your school present any problem?

If YES, please explain:

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All procedures and information in this document are required by law and SBOE 89.221

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

☐ Admission
☒ Review
☐ Dismissal

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

09/22/95
ARD Notification Date

09/29/95
Date of Meeting

Please Print

<u>Ramirez</u>	<u>John</u>	<u>H.</u>	<u>9665114</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
STUDENT LAST NAME	FIRST	MI	ID NUMBER	
<u>06/29/84</u>	<u>Wynn Scale</u>		<u>06/CM</u>	<u>053</u>
DATE OF BIRTH	SCHOOL		GRADE/PROGRAM	SCHOOL #

☐ YES ☒ NO An interpreter was used to assist in conducting the meeting. If YES, specify language:
Language: _____ by: _____

1. REVIEW OF ASSESSMENT DATA (check [] if applicable)

☒ Assessment reports:

☒ Comprehensive individual assessment: 11-29-94, 1-9-95
DATE(S) OF REPORTS

☒ Assessment(s) or related services Specify:

Speech 5/21/93, 9-26-95 (dismissed)
NAME OF SERVICES DATE OF REPORTS

NAME OF SERVICES DATE OF REPORTS

☐ Vocational assessment: Not appropriate
DATE(S) OF REPORTS

☒ Records from other school districts:

ARD/IEPS/Psychological Report received from West Garfield ISD 9/18/95

☐ Information from parents/student:☒ Information from school personnel:

Behavior; Current performance

☐ Information from other agencies or professionals:☐ Additional assessment was discussed.

YES NO Additional assessment is as follows: _____

Specify timeline for assessment to be completed: _____

2. DETERMINATION OF ELIGIBILITY (check [] if applicable)

Based on the assessment data reviewed, the committee has determined that the student:

☐ does not meet eligibility criteria as a handicapped student.

☒ meets eligibility criteria for: Learning Disabled Speech Handicapped
HANDICAPPING CONDITION(S)

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Ramirez

STUDENT LAST NAME

John

FIRST

MI

3. DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ ☐ The ARD committee reviewed achievement on each short-term objective of the previous year's IEP. (Applicable to all but initial ARD meetings.)

PRESENT COMPETENCIES

Physical, as it affects participation in:

instructional settings (include special medical procedures if needed) In good general health with adequate vision and hearing. Had speech difficulties but not longer requires speech therapy.
physical education no limitations

☒ ☐ The student is capable of receiving instruction in the essential elements of physical education through the regular program without modification. If "NO", attach Physical Education Modification Plan

☐ ☒ Medication/Frequency _____
YES NO

☐ ☒ Special medical procedures (see attached Care Plan) _____
YES NO

Behavioral, as it affects:

educational placement, programming or discipline hyperactive, distractible, inattentive, does somersaults, difficulty staying on task, aggressive, rough with other students

☒ ☐ The student is capable of following the district's Student Code of Conduct without modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan.

Prevocational/Vocational (when appropriate, skills which may be a prerequisite to vocational education): Not required for students age 14 years and under

Academic/Developmental (provide information more specific than age/grade levels):

Math: Does basic addition and subtraction problems w/70% accuracy. Unable to multiply w/70% accuracy. Is 12.6th grade level in reading, Language, science, and social studies.
Experiencing failure because of inability to focus on tasks

Indicate content areas in which student's handicap significantly interferes with his/her ability to meet regular academic mastery levels:

Able to function in all regular education classes with modifications

ARD01-94

INSERT IEP SHEETS AFTER THIS PAGE

ARD - 2

INDICATE NUMBER OF PAGES OF EACH IEP: R 1 Sp Voc OT PT VS MT OM HS Other

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Ramirez		John		4	06/29/84	
STUDENT LAST NAME		FIRST		MI	DATE OF BIRTH	

4. SERVICES TO BE PROVIDED

Duration of service is 09-29-95 to 05/24/96 for grade 06

Academic/Developmental Subject Areas	Funct. Grade Level	SEMESTER			Special Ed Time	Progr./Grade Determined By	SEMESTER			Special Ed Time	Progr./Grade Determined By
		Regular Ed		Mod*			Regular Ed		Mod*		
		Yes	No				Time	Yes			
A. Reading	6	✓		45	✓						
B. English	6	✓		45	✓						
C. Math below 6	6	✓		45	✓						
D. Science	6	✓		45	✓						
E. Social Studies	6	✓		45	✓						
F. P.E./Enrichment		✓		45	✓						
G. 2-Fine Arts		✓		90	✓						
H. Vocational Education REG CVAE VEN											
I. VAC											
TOTAL MINUTES PER DAY				360*							

If times vary from requirements in 19 TAC §21.101, give justification: On flexible schedule

Monitoring/Coordination

Monitoring of progress in regular education: daily weekly ✓ 3 wks 6 wks Other

Coordination of Regular/Special Education Instruction:

Person(s) responsible: Para Special Ed Teacher ✓ Counselor Other Regular Ed. teachers

Method(s): ✓ Report Cards ✓ Progress Reports Conferences Other

Schedule for evaluating progress for participation in extracurricular activities: 3 weeks 6 weeks

RELATED/OTHER SERVICES	TIME	ITBS Exempt	TAAS Exempt	*Test Modifications:
Auditory Mdcp Services	/	Math	Math	use interpreter
Counseling	/	English	Writing	allow oral response
Health Services	/	Reading	Reading	individual administration
Music Therapy	/	Social Studies	All areas	use braille or large print
Occupational Therapy	/	Science	Not offered for grade	other:
Orientation & Mobility	/	All areas		
Physical Therapy	/			
Speech Services	Discontinued	EYES: OT SP		
Transportation		PT IN		
Vision Services	/	none needed		

Referral Date: Transferred into district N/A

Test Date: 11-29-94 / 1-9-95

Medical Date: DX

IQ Test: WISC-III Test: WRAT-R

V: 107 P: 106 RS: 107 Spelling = 5.0

Ach. Test: WJ-R Test: Denver

R SS: 97 GE: 4.5 Moderate problem

RC SS: 96 GE: 4.2 Woodcock Lang Prof. Bathi:

WL SS: 85 GE: 3.2 SS=99, GE=4.8

M SS: 112 GE: 6.0 Lang.

Comments: John will take the TAAS and any standardized testing

Data By: DLC

ID# <u>966 5114</u>	Inst. Arr. Code <u>03</u>	Prog. Type <u>CM</u>	Dis. Code <u>LD</u>
ARD Date <u>09-29-95</u>	Type <u>R</u>	Home Sch # <u>053</u>	Placement Sch # <u>053</u>
Disability Code(s) <u>LD</u>		Date <u>06/29/84</u>	

ARD01-94

* Modifications needed to assure access in regular, remedial and supportive programs including ability for participation in extracurricular activities are specified on the following page

ARD - 3

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<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <i>Ramirez</i> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <i>John</i> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <i>H.</i> </div> <p>STUDENT LAST NAME FIRST MI</p> <p style="text-align: right; margin-right: 50px;"><i>9-29-95</i></p>	<p>5. MODIFICATIONS DETERMINED BY ARD COMMITTEE</p> <p>To assure appropriate instruction for this student and better coordination among regular, vocational and special education staff, the checked modifications have been designated by the ARD Committee for implementation in the courses noted.</p> <div style="text-align: right; margin-bottom: 10px;"><i>1995-1996</i></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">COURSE/CURRICULUM AREA</th> <th style="width: 40%; text-align: center;">MODIFICATION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Phonics</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>English</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Math</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Science</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>History/S.S.</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Foreign Languages</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Art</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Music</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Physical Education</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Health</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Life Science</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Earth Science</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Computer</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Business</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Industrial Arts</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Home Economics</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Driver Education</i></td> <td></td> </tr> <tr> <td style="text-align: center;"><i>Other</i></td> <td></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <p><i>Assistive Technology Recommended:</i></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Behavior Management Plan</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Regular Discipline Plan</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Modifications not needed or not applicable</p> </div>	COURSE/CURRICULUM AREA	MODIFICATION	<i>Phonics</i>		<i>English</i>		<i>Math</i>		<i>Science</i>		<i>History/S.S.</i>		<i>Foreign Languages</i>		<i>Art</i>		<i>Music</i>		<i>Physical Education</i>		<i>Health</i>		<i>Life Science</i>		<i>Earth Science</i>		<i>Computer</i>		<i>Business</i>		<i>Industrial Arts</i>		<i>Home Economics</i>		<i>Driver Education</i>		<i>Other</i>	
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ARD12-914

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Ramirez John H.
STUDENT LAST NAME FIRST MI

6. DETERMINATION OF PLACEMENT

Placement alternatives reviewed include services in regular and compensatory education for which the student is eligible, consideration of occupational training needs for students at or before entry into high school and additional services.

☐ Chapter I Compensatory ☐ Special Ed Resource ☐ Homebound Services
☐ Bilingual/ESL ☐ Special Ed S/C ☐ Regular Vocational
☐ Regular Education ☐ Separate Special Ed ☐ Occupational Trng
☒ Modified Regular Ed ☐ Campus

☒ Other Speech Therapy

DISCUSSION:

No longer qualified for speech therapy - was dismissed.

☐ [] * Parents have been provided information about the Texas School for the Blind and
 YES NO Visually Impaired or Texas School for the Deaf if student is visually or auditorially
 handicapped or deaf-blind. ☒ Student is not AH or VH.

NOTE: LEAST RESTRICTIVE ENVIRONMENT JUSTIFICATION ARD/IEP REPORT SUPPLEMENT SHOULD BE COMPLETED BEFORE IDENTIFYING CAMPUS AND INSTRUCTIONAL ARRANGEMENT IF STUDENT IS TO BE IN SPECIAL EDUCATION FOR 50% OR MORE OF SCHOOL DAY.

The committee determined that the student's placement will be:

Wyman Seale
CAMPUS

Content Mastery Only (03)
INSTRUCTIONAL ARRANGEMENT (PEIMS TITLE)

☒ [] This is the campus which the student would attend if not handicapped. If NO, explain:
 YES NO

7. ASSURANCES (check [] if applicable)

- The committee assures that special education placement:
 - +for national origin minority group students or linguistically different students is not based on criteria which were developed solely on command of the English language.
 - Basis for assurance:
 - ☐ adaptations in testing procedures ☒ review of parent/student information
 - ☐ use of interpreter ☒ review of language assessment
 - +is not based on deficiencies identified as directly attributable to a different culture, life-style or lack of educational opportunities.
 - Basis for assurance:
 - ☒ review of parent/student information ☐ review of sociological assessment
- The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to nonhandicapped students or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).
- The committee assures that this student is being educated with nondisabled students to the maximum extent appropriate for the student's overall educational needs, including academic and developmental areas such as language and social needs.

For students who are visually handicapped, hearing impaired, autistic, in need of behavior management, recommended for day/residential facilities, recommended for school removal/alternative placement or on separate special education campuses, see the attached IEP supplement(s).

☐ Visually/Auditorially Handicapped ☐ Extended Year Services ☐ Autistic
☐ Regional Day School for the Deaf ☐ Behavior Management Plan ☒ Minutes Page
☐ Day/Residential Placement and ☐ Least Restrictive Environment
☐ On-Site Visit Report ☐ Health Care Plan

INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

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Page 1 of 1

ARD MINUTES

Student's Name: John Ramirez Date: 4/29/95Date of Birth: 06/29/84 Recorder: XL. Duenas

ARD Committee Members: See Signature Page

CIT: 11-29-94, 1-9-95 Speech: 5/21/93, 9-26-95

Criteria: Meets eligibility as learner, disabled/
~~Speech/Hearing~~
MRInstruction: Teacher feels that John has
problem with sitting still. Move around
the class or in hallway.Diagnosed: Speech testing - dismissed due to
testing data. Surgery was not done.No medication is being given at this time
but parent plans to follow up on a
medical voucher. (due to hyperactive/naughty
behavior)Academic: Math does basic operations (+, -)
but not multiplication facts.English/Reading: Grade Level Reading Skill
with test skills.John will attend all Regular Ed Classes
with accommodations.John will be evaluated at least once
a year.

M-1

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Ramirez	John	H.
STUDENT LAST NAME	FIRST	MI

8. SIGNATURES OF COMMITTEE MEMBERS				
POSITION	SP. ED.	SIGNATURE	AGREE (✓)	DISAGREE (✓)
Parent/Guardian/Surrogate Parent or Adult Student		* [Signature]	✓	
Administration		[Signature]	✓	
Instruction		[Signature]	✓	
Instruction(SPEECH)		[Signature]	✓	
Consultant/Chairperson		[Signature]		
Assessment*		[Signature]	✓	
Counselor				
Related Services Representative				
Vocational Teacher**				
Certified VH/AH Specialist***				
LPAC				

* When assessment data are considered ** When vocational programs are considered
 *** When student is identified as VH/AH

NOTE: If any member of the committee disagrees with the decisions reflected in this report, he/she may submit a separate statement presenting reasons for disagreement.

Signature of interpreter, if used at this meeting _____

- [] The ARD Committee is unable to reach mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the parent may consider alternatives; gather additional data, and/or obtain additional resource persons to present to the Committee to assist the Committee in reaching mutual agreement. The Committee will reconvene on _____ at _____ PLACE AND TIME
- [] The parent of this student was not present at the ARD Committee meeting; therefore, the committee appointed (staff member) _____ to communicate the results of this meeting with the parent.

Your rights were explained to you when you received the current copy of the booklet, Special Education: Parent and Student Rights. Please refer to page vi of this booklet for information on procedural safeguards.

FOR INITIAL PLACEMENT

- [] [] I have received and reviewed the admission, review, and dismissal (ARD) committee report, YES NO dated _____, that has been prepared for _____ Name of Student
- [] [] I agree with the ARD committee's decision and do give my permission for the educational placement that has been proposed for my child/me.

I understand that my consent for placement is voluntary and may be withdrawn any time. However, if I revoke consent after initial placement, my child's placement will not change unless:

(a) the school and I agree otherwise (following ARD committee procedures), or

(b) a due process hearing resolves the dispute.

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT _____

DATE _____

I do, do not grant permission for the student to be transported by bus during the school year for the purpose of reevaluation or vocational assessment.

[Signature] None needed
 SIGNATURE OF PARENT/GUARDIAN OR SURROGATE PARENT _____

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Rev. 12/92

STUDENT CHECK-OUT SHEET
ELEMENTARY SCHOOL101 - 912 - 182
County District Campus Number

Date of Check-Out Sheet 02-16-95

SS #

or

PEIMS # S17293059

ID Last Reported to PEIMS

I-94

Student ID Number 446042

Name Ramirez John
Last Name First MIJr ☒ Sr ☐ II ☐ III ☐ IV ☐ V ☐

Present Address 4411 Fulton#7

New Address Corpus Christi, TX. 4318 Molina

Parent or Guardian John & Priscilla Ramirez

Date of Birth 06-29-84

Sex: M ☒ F ☐Ethnicity: American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☒ White/Not Hispanic ☐

Phone No. 691-5572

Grade 5

Advisor Mrs. Stiles

Present School Jefferson Elem.

Campus # 182

HISD Rt. No. 8

Address 5000 Sharman

New School

Campus #

HISD Rt. No.

Address Out of District

Reason for checking out

Moving

Code 43

LEP: Yes ☐ No ☒ESL Level ☐LEP Program Placement ☐Chapter 1 ☒Special Ed. ☒Special Ed. Placement ☐ (Check if Applicable)Check one if appropriate: Migrant ☒

Refugee #

Immigrant ELA #

Date of last attendance 02-17-95

Is student currently under suspension? Yes ☐ No ☒ Expulsion? Yes ☐ No ☒

If yes, date suspension/expulsion ends?

Effective date of ADA withdrawal 02-20-95

Attendance Clerk C. Wells

SUBJECT	Current Grade Cycle		Current Cycle Excused Absences	Current Cycle Unexc. Absences	Semester Total Ex. Curr. Absences	Teacher's Signature	Book Ret.		If no, name, number, price of book
	Subject	Conduct					Yes	No	
Reading	84	P	0	0	1	[Signature]	✓		
Writing	83	P	0	0	1	[Signature]	✓		
Spelling	74	S	0	0	1	[Signature]	✓		
Mathematics	78	S	0	0	1	[Signature]	✓		
Science	70	P	0	0	1	[Signature]	✓		
Social Studies	70	S	0	0	1	[Signature]	✓		
ESL									

General Conduct S-

Basal Text

HBS Light Up the Sky

Page 368

Librarian Ms. Sayles

Amount due library (if not clear)

Counselor Ms. Roby

Check if applicable: Free Lunch ☒ Reduced Lunch ☐

Nurse N/A

Amount due office (pictures, lunch, etc.)

VACCINES	Date			Last Booster
	1st	2nd	3rd	
DIPHTHERIA TETANUS (DPT or DT)	8/29/84	10/24/84	11/13/89	5/30/89
POLIO (Oral)	Same			5/30/89
MEASLES (Rubella) MUMPS (MMR) MUMPS (MMR)	10/18/85			
HIB				
TB SKIN TEST		PHYSICIAN OR CLINIC EXAM		
DATE 10-17-89		RESULTS Neg.		

Attach a copy of the report card and free lunch application to the check-out sheet.

Copy of report card will be placed in student's permanent folder ☒

Principal [Signature]

Present school phone number (713) 696-2780

Remarks

My child will be enrolling in another school or educational program.

Signed: Priscilla Rg
Parent/GuardianWhite Copy—Student • Canary Copy—Student Transfer
Pink Copy—Sending School • Goldenrod Copy—Receiving School

To be completed by the office personnel

To be completed by classroom teacher

To be completed by appropriate personnel

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Corpus Christi, Texas

Temporary ARD/IEP Committee Report for Transfer Students

1. Date of Meeting: 8-21-95 ARD Notification Date: 8-18-95
2. Student: Ramirez John H DOB: 06/29/84 ID # 9165114 Sex: M F Grade 06
(Last) (First) (MI)
3. Parent(s): Guadalupe Alejandra Phone #: 882-1138 School: Wynn Scale # 053
4. Address: 1624 18th Street 78415 Ethnic/Racial: A B (H) OT Lang: (B) S B OT
5. Permanent ARD cannot be held because of insufficient information from: Westusa ISD or
Other _____ (previous school)
6. Admission to special education is based on:
a. ☒ Parent verification that student is handicapped and was receiving special education services in the
previous school district.
b. ☒ Previous school district verification of special education eligibility.
7. School Placement: Wynn Scale AFA Instructional Arrangement: 03 Handicapping Condition: 1) SH 2) LD

Subject Area(s)	Regular Education	Regular Modified Ed.	Special Ed.	Beginning Date
English		<input checked="" type="checkbox"/>		8-21-95
Math		<input checked="" type="checkbox"/>		
Reading		<input checked="" type="checkbox"/>	CMC	
Science		<input checked="" type="checkbox"/>	at least	
Soc. Studies		<input checked="" type="checkbox"/>	30 min.	
PE/Enrichment		<input checked="" type="checkbox"/>	weekly	
Fine Arts		<input checked="" type="checkbox"/>		

Related Services			
Speech	15 min/week		

Position	Signature	Agree (✓)	Disagree (✓)
Parent	<u>Guadalupe Alejandra</u>	<input checked="" type="checkbox"/>	
Administration/LPAC	<u>Grace Chapa</u>	<input checked="" type="checkbox"/>	
Instruction	<u>M. Diane Murillo</u>	<input checked="" type="checkbox"/>	
Special Education			
Assessment*			
Counselor			
Related Services Rep.			
Voc. Teacher/Other**			

*when assessment data are considered

**when vocational programs are considered

8. ☒ Special Education: Parent and Student Rights booklet given (receipt attached).
☒ Parent Permission for Exchange of Information completed.

NOTES: If a committee member disagrees with the decisions reflected in this report, he/she may submit a separate statement presenting reasons for disagreement.

SEND TWO COPIES OF TEMPORARY ARD, NOTICE OF ARD, CONSENT FOR EXCHANGE OF INFORMATION, AND RECEIPT FOR RIGHTS BOOKLET TO THE ASSOCIATE PSYCHOLOGIST/EDUCATIONAL DIAGNOSTICIAN ASSIGNED TO SCHOOL.

dg An ARD meeting will be held within 30 school days to develop an IEP based on valid assessment data.
8/17/94

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TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: JOHN H. RAMIREZ

DISTRICT: 178-904 CORPUS CHRISTI ISD

STUDENT-ID(PEIMS): 454713620

CAMPUS: 004 MOODY H S

LOCAL-STUDENT-ID: _____

REPORT DATE: DECEMBER 2001

DATE OF BIRTH: 06/29/84

DATE OF TESTING: OCTOBER 2001

CLASS GROUP: CONRADO GARCIA

GRADE: 11-EXIT LEVEL

WRITING WRITTEN COMMUNICATION 1-4. Persuasive Written Composition Rating: 5. Sentence Construction 6. English Usage 7. Use of Spelling, Capitalization, and Punctuation TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED: TOTAL ITEMS:	PERFORMANCE STANDARD: Scale Score of 1500 and Written Composition of 2, 3, or 4 TEST RESULTS: Met Minimum Expectations: Scale Score: NOT TESTED EXEMPT-ARD
READING READING COMPREHENSION 1. Word Meaning 2. Supporting Ideas 3. Summarization 4. Relationships and Outcomes 5. Inferences and Generalizations 6. Point of View, Propaganda, and Fact and Opinion TOTAL OBJECTIVES MASTERED: TOTAL ITEMS:	PERFORMANCE STANDARD: Texas Learning Index of X-70 TEST RESULTS: Met Minimum Expectations: Texas Learning Index: NOT TESTED EXEMPT-ARD Maximum TLI Score Possible: X-97
MATHEMATICS CONCEPTS 1. Number Concepts 2. Algebraic/Mathematical Relations and Functions 3. Geometric Properties and Relationships 4. Measurement Concepts 5. Probability and Statistics OPERATIONS 6. Use of Addition to Solve Problems 7. Use of Subtraction to Solve Problems 8. Use of Multiplication to Solve Problems 9. Use of Division to Solve Problems PROBLEM SOLVING 10. Problem Solving Using Estimation 11. Problem Solving Using Solution Strategies 12. Problem Solving Using Mathematical Representation 13. Evaluation of the Reasonableness of a Solution DOCUMENT NO. 0823-00622-20996 TOTAL OBJECTIVES MASTERED: TOTAL ITEMS:	PERFORMANCE STANDARD: Texas Learning Index of X-70 TEST RESULTS: Met Minimum Expectations: Texas Learning Index: NOT TESTED EXEMPT-ARD Maximum TLI Score Possible: X-92

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 6/8, 9/12, 11/14, or 13/16 items.
 In writing, a score of 3 or 4 is needed to master objectives 1-4, which are measured by the written composition.
 You should contact the school to which your results were sent if you need further explanation.

Print # 2-01693-011

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TEXAS ASSESSMENT OF ACADEMIC SKILLS **CONFIDENTIAL STUDENT REPORT**

NAME: JOHN H. RAMIREZ

DISTRICT: 178-904 CORPUS CHRISTI ISD

STUDENT-ID(PEIMS): 454713620

CAMPUS: 004 MOODY H S

LOCAL-STUDENT-ID:

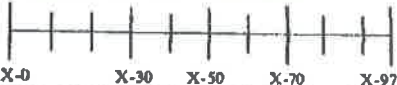
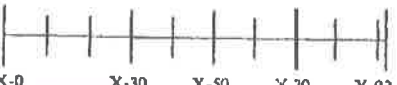
REPORT DATE: DECEMBER 2001

DATE OF BIRTH: 06/29/84

DATE OF TESTING: OCTOBER 2001

CLASS GROUP: CONRADO GARCIA

GRADE: 11-EXIT LEVEL

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TEXAS ASSESSMENT OF ACADEMIC SKILLS CONFIDENTIAL STUDENT REPORT

NAME: JOHN H. RAMIREZ

DISTRICT: 178-904 CORPUS CHRISTI ISD

STUDENT-ID(PEIMS): 454713620

CAMPUS: 004 MOODY H S

LOCAL-STUDENT-ID:



REPORT DATE: APRIL 2001

DATE OF BIRTH: 06/29/84

DATE OF TESTING: FEBRUARY 2001

CLASS GROUP: CONRADO GARCIA

GRADE: 10-EXIT LEVEL

WRITING WRITTEN COMMUNICATION 1-4. Persuasive Written Composition Rating: 5. Sentence Construction 6. English Usage 7. Use of Spelling, Capitalization, and Punctuation TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED:	OBJECTIVE MASTERY* ITEMS CORRECT/TESTED TOTAL ITEMS:	PERFORMANCE STANDARD: Scale Score of 1500 and Written Composition of 2, 3, or 4 TEST RESULTS: Met Minimum Expectations: Scale Score: NOT TESTED ABSENT
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TOTAL OBJECTIVES MASTERED:		TOTAL ITEMS:

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 6/8, 9/12, 11/14, or 13/16 items. In writing, a score of 3 or 4 is needed to master objectives 1-4, which are measured by the written composition. You should contact the school to which your results were sent if you need further explanation.

Print # (2-16588-010)

45 4 11 2 4 5 6

Entered on
comp card
10/19/00
ug

PHYSICIAN'S VERIFICATION OF MEASLES/MUMPS ILLNESS
This is to verify that the person for whom this card was issued had:

☐ measles illness on or about _____ month and year

☐ mumps illness on or about _____ month and year

John Ramsey
Date Physician's Signature

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TEXAS END-OF-COURSE — BIOLOGY

CONFIDENTIAL STUDENT REPORT

NAME: JOHN H. RAMIREZ

DISTRICT: 178-904 CORPUS CHRISTI ISD

STUDENT-ID(PEIMS): 454713620

CAMPUS: 004 MOODY H S

LOCAL-STUDENT-ID: 9565114

REPORT DATE: WINTER-2000

DATE OF BIRTH: 06/29/84

DATE OF TESTING: FALL 1999

CLASS GROUP: GARCIA CONRADO

GRADE: 09

BIOLOGY	OBJECTIVE	ITEMS	PERFORMANCE STANDARD:	
	MASTERY*	CORRECT/TESTED	Scale Score of 1500	
	TEST RESULTS: Pass: YES Scale Score: 1610			
UNDERSTANDING CONCEPTS				
1. Heredity and Biological Change Over Time	NO	4/6		
2. Structures and Functions In Organisms	YES	4/4		
3. Patterns and Processes In Living Systems	NO	2/4		
4. Ecology	NO	4/6		
INTEGRATING CONCEPTS WITH PROCESS SKILLS				
5. Design and Conduct Biological Experiments	NO	4/6		
6. Acquire and Organize Scientific Data	YES	4/4		
7. Interpret and Communicate Scientific Data	YES	3/4		
8. Make Inferences, Predictions, and Generalizations	YES	4/4		
9. Apply Science to Daily Life	YES	4/4		
TOTAL OBJECTIVES MASTERED: 5		TOTAL ITEMS: 33/42		

DOCUMENT NO.

7374-00818

* Objective mastery standards for Biology are as follows: 3/4 or 5/6 items.
You should contact your school if you need further explanation.

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OF ACADEMIC SKILL

TEXAS END-OF-COURSE — U.S. HISTORY

CONFIDENTIAL STUDENT REPORT

JOHN H. RAMIREZ
 ENT-ID(PEIMS): 454713620
 J-STUDENT-ID: 9665114
 DATE OF BIRTH: 06/29/84
 SS GROUP: PLOWMAN D

DISTRICT: 178-904 CORPUS CHRISTI ISD
 CAMPUS: 004 MOODY H S
 REPORT DATE: SUMMER 1999
 DATE OF TESTING: SPRING 1999
 GRADE: 09

U.S. HISTORY

APPLICATION AND EVALUATION OF CONCEPTS

	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED
1. Domestic and Foreign Affairs in U.S. History	YES	5/6
2. Geographic Influences on U.S. History	NO	4/6
3. Economic Influences on U.S. History	NO	4/6
4. Social and Cultural Influences on U.S. History	NO	4/6
5. Political Influences on U.S. History	NO	3/6
6. Critical-Thinking Skills	YES	6/6
7. Problem-Solving/Decision-Making Skills	NO	2/4
TOTAL OBJECTIVES MASTERED:	2	TOTAL ITEMS: 28/40

PERFORMANCE STANDARD:
 Scale Score of 1500

TEST RESULTS:
 Pass: YES
 Scale Score: 1510

